

Wandering Letter

Our		ECIPIENT	,					
		is Autistic. Their n	ame is	N/	AME		·	
As of today,	DATE	, they are ·	AGE	years old and a	are _	INCHES	_ in height and	
weigh	LBS	·						
Individuals wi	ith Autism c	an wander from k	nown loc	ations and from	the n	nost supe	vised of settings.	
	NAME	has a tend	lency to w	<i>ı</i> ander, elope or b	olt fro	om enviror	nments that you	
	rceive as safe	e. Wandering, like al						
		e likely to be found gerous for individu	•	•	arou	nd traffic.		
	NAME	is prone to	wanderi	ng and therefore	requi	res careful	supervision.	
If you see	NAME unsupervised, please stay with them and immediately							
call me	unsupervised, please stay with them and immediately (contact information is below).							
In addition, ple	ease call 91 1	L and tell them tha	t you have	e found	NA	ME	·	
Here is some additional information about			N	AME a	and ways you can help support them:			
Thank you.								
My Contact In	formation		Auti	stic Individual				
Name:			Nam	Name/Nickname:				
Phone Numbe			Age:					
Relationship to Autistic Individual:			_	ght:				
			•	ght: to (optional)				